INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj. 18 19 20 21 22 23 24 25 26 27 28 29 30 31 MEDICATIONS Cephalexin 1000 mg Am and PM 530 67776679671575 1/24/22

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Tylenol Loco Mg

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Am and PM

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MEDICATION NOTES Injection Site Codes:

Instructions:

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
 CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
 STATE REASON AND RESULT FOR PRIN MEDICATION OR TREATMENT. · INDICATE INJECTION SITE WITH APPROPRIATE CODE.
- 1. ABDOMEN LEFT
- 2. ABDOMEN RIGHT 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT
- 5. BUTTOCKS (GLUTEUS) LEFT 6. BUTTOCKS (GLUTEUS) RIGHT 7. THIGH (QUADRICEPS) LEFT 8. THIGH (QUADRICEPS) RIGHT
- 9. UPPER BACK LEFT 10. UPPER BACK RIGHT 11. UPPER CHEST LEFT 12. UPPER CHEST RIGHT
- C. INEFFECTIVE
- D. NO EFFECT OBSERVED
- PPER BACK LEFT
 PPER BACK RIGHT

 A EFFECTIVE
 B. SLIGHTLY EFFECTIVE 3. INMATE NOT IN CELL MEDICATION OUT OF STOCK
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INDEPENDENT HEALTH SERVICES Ex. 10 to Pl.'s Mtn. for Prelim. Inj.

MEDICATIONS Triamanolone 0.1% cream Ampm x10days 166 46274 DM DISCONTINUE ORIGINAL ORDER DISCONTINUE ORIGINAL ORDER DISCONTINUE Signature Signature Initial Signature DIAGNOSIS Case 2:22-cv-04164 SRB Document 45-6 Filed 12/14/22 Page 3 of 18 CHARTING FOR /22 5/31/22

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Pleruit Colles: Non Administered Medication Reason Codes: Injection Site Codes: Instructions:

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN
 CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
 STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
- STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT.
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- 1. ABDOMEN LEFT
- 2. ABDOMEN RIGHT 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT
- 5. BUTTOCKS (GLUTEUS) LEFT 6. BUTTOCKS (GLUTEUS) RIGHT 7. THIGH (QUADRICEPS) LEFT 8. THIGH (QUADRICEPS) RIGHT
- 9. UPPER BACK LEFT 10. UPPER BACK RIGHT 11. UPPER CHEST LEFT 12. UPPER CHEST RIGHT
- -B. SLIGHTLY EFFECTIVE C. INEFFECTIVE
- D NO EFFECT OBSERVED
- 2. INMATE DID NOT SHOW 3. INMATE NOT IN CELL 4. SECURITY LOCKDOWN

5.	MEDICATION HELD (STATE REASON)	
6.	MEDICATION OUT OF STOCK	

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INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj. 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 MEDICATIONS Triamanoione

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9. UPPER BACK LEFT 5. BUTTOCKS (GLUTEUS) LEFT 6. BUTTOCKS (GLUTEUS) RIGHT B. SLIGHTLY EFFECTIVE 1. ABDOMEN LEFT · INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN. 10. UPPER BACK RIGHT 3 INMATE NOT IN CELL 2. ABDOMEN RIGHT CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED. 11. UPPER CHEST LEFT C. INEFFECTIVE 7. THIGH (QUADRICEPS) LEFT 4. SECURITY LOCKDOWN 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT STATE REASON FOR REFUSAL UNDER MEDICATION NOTES. D. NO EFFECT OBSERVED 5. MEDICATION HELD (STATE REASON) 12. UPPER CHEST RIGHT 8. THIGH (QUADRICEPS) RIGHT STATE REASON AND RESULT FOR PRIN MEDICATION OR TREATMENT. 6 MEDICATION OUT OF STOCK

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INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj. MEDICATIONS 5/25 SAMSD BIKTONY
50-20025 mg
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(Has Bottle Top prawer) 5/27 Bachim DS 800 mg - Ileo Am mg Am Oral Tablet Abr 90 days DISCONTINUE Signature Initial Signature
0517 ALLEN OF HUU
065 SWALLEN WOOD Initial Signature 2:22-cv-04164 SRB Document 45-6 Filed 12/14/22 Page 7 of 18 PUJ

Ex. 10 to Presult Codes: Non Administered Medication Reason Codes: A EFFECTIVE A EFFECTIVE Instructions

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
 CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
 STATE REASON AND RESULT FOR PRIVMEDICATION OR TREATMENT. · INDICATE INJECTION SITE WITH APPROPRIATE CODE.
- ABDOMEN LEFT
 ABDOMEN RIGHT
- 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT
- 5. BUTTOCKS (GLUTEUS) LEFT 6. BUTTOCKS (GLUTEUS) RIGHT 7. THIGH (QUADRICEPS) LEFT 8. THIGH (QUADRICEPS) RIGHT
- 10. UPPER BACK RIGHT 11. UPPER CHEST LEFT 12. UPPER CHEST RIGHT
- B. SLIGHTLY EFFECTIVE C. INEFFECTIVE D. NO EFFECT OBSERVED
- 2. INMATE DID NOT GROW
 3. INMATE NOT IN CELL
 4. SECURITY LOCKDOWN
 5. MEDICATION HELD (STATE REASON)
 6. MEDICATION OUT OF STOCK

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INDEPENDENT HEALTH SERVICES

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- 160mg Oral Tablet 90days				
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Case 2:	22-cv-04164# SRB (3	Document 45-6 Filed 12/2	14/22 Page 9 of 18	DIAGNOSIS
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PRESUIT Codes:

Non Administered Medication Reason Codes:

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· INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.

 CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED. STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.

* STATE REASON AND RESULT FOR PRIN MEDICATION OR TREATMENT. · INDICATE INJECTION SITE WITH APPROPRIATE CODE.

5. BUTTOCKS (GLUTEUS) LEFT 1. ABDOMEN LEFT 6 BUTTOCKS (GLUTEUS) RIGHT 2. ABDOMEN RIGHT

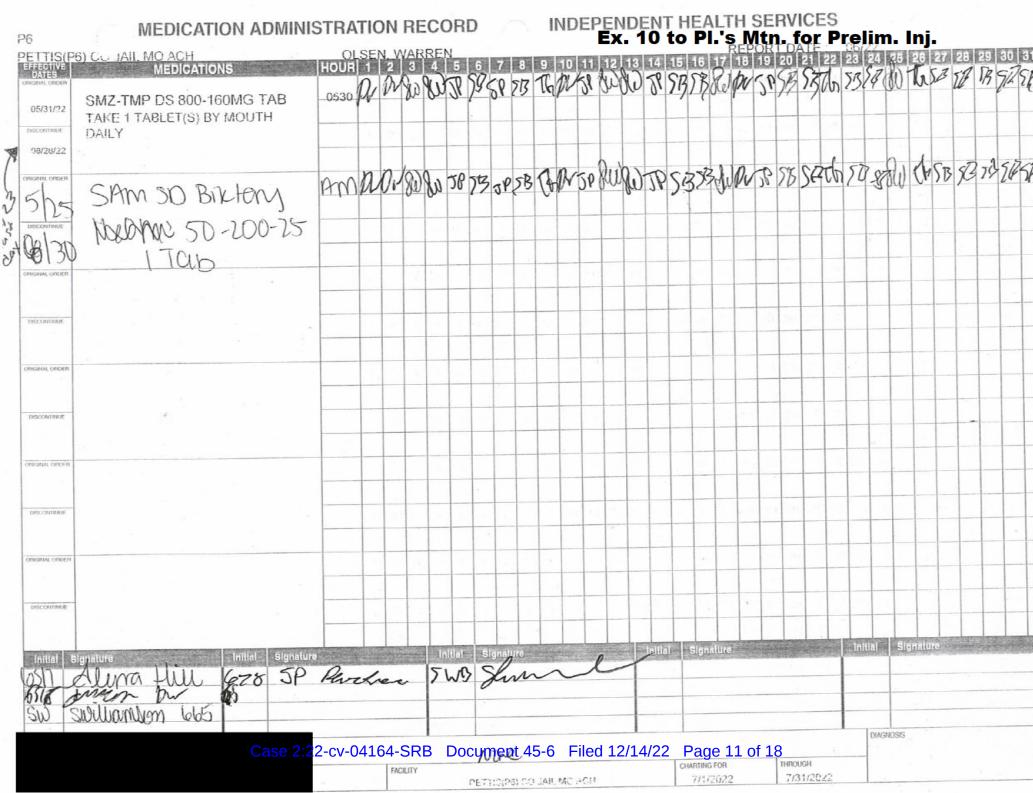
7. THIGH (QUADRICEPS) LEFT 3. ARM (DELTOID) LEFT 8. THIGH (QUADRICEPS) RIGHT 4. ARM (DELTOID) RIGHT

10. UPPER BACK RIGHT 11. UPPER CHEST LEFT 12. UPPER CHEST RIGHT

C. INEFFECTIVE D. NO EFFECT OBSERVED

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Ex. 10 to Pis Mtn. for Prelim. Inj. Instructions:

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
- · CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
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- 1. ABDOMEN LEFT
- 2. ABDOMEN RIGHT 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT
- 5. BUTTOCKS (GLUTEUS) LEFT 6. BUTTOCKS (GLUTEUS) RIGHT 7. THIGH (QUADRICEPS) LEFT 8 THIGH (QUADRICEPS) RIGHT
- 10. UPPER BACK RIGHT 11. UPPER CHEST LEFT 12. UPPER CHEST RIGHT
- B. SLIGHTLY EFFECTIVE C. INEFFECTIVE D. NO EFFECT OBSERVED
 - 4 SECURITY LOCKDOWN
 - 5. MEDICATION HELD (STATE REASON) 6. MEDICATION OUT OF STOCK

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INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj. Sm2-Tmp DS 800-160mg Itab by mouth 10/3 Daily (am) Am 6 th 13 59 5 3 th DRIS nu nu nu nu nu nu nu nu se Th 5 85 8 Th 5 75 58 14 77 58 nu th 8 Samso Biktorry 50-200-25 (am) Itab by mouth 10/31 DISCONTINUE onicetal cene DISCONTRIUE Parker 618 DIAGNOSIS

Case 2:22-cv-04164 Document 45-6 Filed 12/14/22 Page 13 of 18

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Ex. 10 to Plesult Codes: Non Administered Medication Reason Codes: Instructions:

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
 CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- · STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
- STATE REASON AND RESULT FOR PRIN MEDICATION OR TREATMENT. INDICATE INJECTION SITE WITH APPROPRIATE CODE.
- 1. ABDOMEN LEFT 2. ABDOMEN RIGHT 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT
- 5. BUTTOCKS (GLUTEUS) LEFT 6. BUTTOCKS (GLUTEUS) RIGHT 7. THIGH (QUADRICEPS) LEFT 8. THIGH (QUADRICEPS) RIGHT
- 10. UPPER BACK RIGHT 11. UPPER CHEST LEFT 12. UPPER CHEST RIGHT
- B. SLIGHTLY EFFECTIVE C. INEFFECTIVE D. NO EFFECT OBSERVED
- 3. INMATE NOT IN CELL 4. SECURITY LOCKDOWN 5. MEDICATION HELD (STATE REASON) 6. MEDICATION OUT OF STOCK

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INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj. MEDICATIONS Sm2-Tmp DS 800-160 ITab by mouth Am 50 a fa a po th disp por a ROW the Chose North Mose thop 2 a No SP 80 Jp Th 6 Samso Biktary 50-200-25 I Tab by mouth DISCOURINGE ORIGINAL ORDER Initial Mikillingulow 73 Case 2:22 0 -04164-SRB Document 45-6 Filed 12/14/22 Page 15 of 18 Peths county Jan 9/1/22 9/30/22

Result Codes: Non Administered Medication Reason Codes:

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10. UPPER BACK RIGHT
10. UPPER BACK R Instructions: 5. BUTTOCKS (GLUTEUS) LEFT INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN. 1. ABDOMEN LEFT 10. UPPER BACK RIGHT 6. BUTTOCKS (GLUTEUS) RIGHT 2. ABDOMEN RIGHT · CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED. 11. UPPER CHEST LEFT C. INEFFECTIVE 3. ARM (DELTOID) LEFT

STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.

STATE REASON AND RESULT FOR PRIN MEDICATION OR TREATMENT.

INDICATE INJECTION SITE WITH APPROPRIATE CODE.

7. THIGH (QUADRICEPS) LEFT 8. THIGH (QUADRICEPS) RIGHT

4. ARM (DELTOID) RIGHT

12. UPPER CHEST RIGHT

D. NO EFFECT OBSERVED

4. SECURITY LOCKDOWN
5. MEDICATION HELD (STATE REASON)
6. MEDICATION OUT OF STOCK

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INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj. HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 28 27 28 29 30 31 Am In In Sparry 58 mm to graph of the color of MEDICATIONS Sm2-Tmp-DS 800-160/Tab By mouth Am 6 h 6 b thoph word the growth growth cooper on the files was soon this cooper to 5/31 SAM SO BIKTORY 50 - 200 - 25 Itab by mouth Signature Signature MSaft 722 Rever 735 Case 2:22-cv-04164-SRB) Document 45-6 Filed 12/14/22 Page 17 of 18

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Ex. 10 to Presult Codes: Non Administered Medication Reason Codes: Presult Codes: Injection Site Codes: Instructions

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
 CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
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- 1. ABDOMEN LEFT
- 2. ABDOMEN RIGHT 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT
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- 10. UPPER BACK RIGHT 11. UPPER CHEST LEFT 12. UPPER CHEST RIGHT
- B. SLIGHTLY EFFECTIVE C. INEFFECTIVE
- D. NO EFFECT OBSERVED
- 2. INMATE DID NOT SHOW 3. INMATE NOT IN CELL 4. SECURITY LOCKDOWN

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		PAGE 1	Medication - Dose	Route	Reason	Result	Date	Time	Init.	.Medication - Dose	Route	Reason	Result
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